



## Notice of Well Capping

- ❖ Review instructions prior to completing form in black or blue ink.
- ❖ Within five (5) days after capping an open well, the owner of the well shall file this Notice.

FILE NUMBER

WELL REGISTRATION NUMBER

**55 -**

**\*\* PLEASE PRINT CLEARLY \*\***

### SECTION 1. REGISTRY INFORMATION

#### Well Type

CHECK ONE

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Domestic   | <input type="checkbox"/> Monitor / Piezometer    |
| <input type="checkbox"/> Stock      | <input type="checkbox"/> Geotechnical            |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Mineral Exploration     |
| <input type="checkbox"/> Municipal  | <input type="checkbox"/> Other (please specify): |

#### Location of Well

WELL LOCATION ADDRESS (IF ANY)

TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE 1/4	40 ACRE 1/4	10 ACRE 1/4
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LATITUDE			LONGITUDE		
°	'	"N	°	'	"W
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds

COUNTY ASSESSOR'S PARCEL ID NUMBER

BOOK	MAP	PARCEL
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COUNTY WHERE WELL IS LOCATED

### SECTION 2. OWNER AND FIRM INFORMATION

#### Well Owner

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL

MAILING ADDRESS

CITY / STATE / ZIP CODE

CONTACT PERSON NAME AND TITLE

TELEPHONE NUMBER

FAX

#### Person or Firm Installing the Cap

FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL

MAILING ADDRESS

CITY / STATE / ZIP CODE

CONTACT PERSON NAME AND TITLE

TELEPHONE NUMBER

FAX

### SECTION 3. CASING AND CAPPING INFORMATION

DATE WELL WAS CAPPED

#### Surface Casing

MATERIAL ( T )

OUTER DIAMETER (inches)	STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE

TYPE OF CAP

MANUFACTURER OF CAP, IF ANY

REMARKS

*I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief.*

SIGNATURE OF WELL OWNER

DATE